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FACSIMILE: (703) 684-1157

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FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9306

To: Examiner N. Nguyen
Group Art Unit 1754, USPTO

From: Mr. Daniel J. Stanger
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN 09/651,783
Attorney Docket No.: NIP-198

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL; and
REPLY.



Daniel J. Stanger
Reg. No. 52,846

October 28, 2004

Date

Total Number of Pages (including cover sheet): 16

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FORM PTO-1083

PATENT
Case Docket No. NIP-198

In RE application of S. KANNO et al

Serial No.: 09/651,783

Filed: August 30, 2000

Group Art Unit: 1754

Examiner: N. NGUYEN

For: AN APPARATUS FOR TREATING PERFLUOROCOMPOND GAS

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OCT 28 2004

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)	(COL. 2)	(COL. 3)
	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra
Total	- 9	Minus -- 20	= 0
Indep.	- 5	Minus --- 8	= 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims			

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 - ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
 - *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

A check in the amount of \$ _____ is attached in payment of: _____.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:


 Daniel J. Stanger
 Registration No. 32,846
 Attorney for Applicant(s)

Date: October 28, 2004

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NIP-198

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

S. KANNO et al

Serial No. 09/651,783

Group Art Unit: 1754

Filed: August 30, 2000

Examiner: N. Nguyen

For: APPARATUS FOR TREATING PERFLUOROCOMPOND GAS

REPLY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

October 28, 2004

Sir:

In reply to the Office Action mailed July 28, 2004,
please amend the above-identified application as follows.